

<b>Case Number:</b>	CM15-0214196		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	11/17/1994
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 11-17-1994. He has reported injury to the low back. The diagnoses have included post-laminectomy syndrome, lumbar. He has a history of lumbar fusion at L5-S1 in 1986. Treatment to date has included medications, diagnostics, activity modification, bracing, spinal cord stimulator implantation and removal, lumbar epidural steroid injection, and home exercise program. Medications have included Morphine Sulfate, Lunesta, and Polyethylene Glycol. A progress report from the treating physician, dated 10-09-2015, documented an evaluation with the injured worker. The injured worker reported chronic low back pain; he continues to have persistent back pain that is worse with increased activity; he has been trying increase his exercise tolerance; he is utilizing the treadmill, walking at a moderate rate for about 10 minutes; he also utilizes rubber band exercises; heavy lifting does aggravate his pain along with sitting for long periods; the Morphine does continue to help to reduce his pain from 10 out of 10 in intensity down to 7 out of 10 in intensity on the visual analog scale; and he is able to continue with his home exercise program. Objective findings included he is alert and oriented times three; he is not in acute distress; he is in pain; sensation is decreased in the right L5 dermatome; straight leg raise is positive on the right; and no spasm or guarding is noted. The treatment plan has included the request for Morphine Sulfate ER 60mg #90. The original utilization review, dated 10-19-2015, modified the request for Morphine Sulfate ER 60mg #90, to Morphine Sulfate ER 60mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Morphine Sulfate ER 60mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia.

**Decision rationale:** Morphine Sulfate ER 60mg #90 is not medically necessary per the MTUS Guidelines. The MTUS states that opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The MTUS states that a major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period ( $\leq 70$  days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Current studies suggest that the "upper limit of normal" for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. The MTUS recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The progress note dated 7/17/15 states that with 3 Morphine tablets daily the patient has a reduction in pain from 9/10 to 5/10. The 9/11/15 and 10/9/15 progress notes state that the pain is reduced from 10/10 to 7/10 with Morphine. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that despite high dose levels of Morphine, the patient continues to have increasing pain levels and there is no documentation of significant increase in function. The documentation indicates that the patient's pain levels are gradually increasing and he has side effects of hypogonadism. The documentation does not support the need for ongoing Morphine therefore this request is not medically necessary.